

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/36/193

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1 2					53						
4		2 1					54						
5		2 1					55						
6		2 1					56						
7		1					57						
8		1					58						
9		1 1					59						
10		1 1					60						
11		1 1					61						
12		1 1					62						
13		1 1					63						
14		1 1					64						
15		1 1					65						
16		1 1					66						
17		1 1					67						
18		1 1					68						
19		1 1					69						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	22	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	23						TOTAL CLAIMS						